

History of Pharmacy, by Kremers and Urdang (J. B. Lippincott), Klaproth was outstanding even in this gifted group. His discoveries were not accidental but due to his extraordinary skill in analysis, both qualitative and quantitative. Besides uranium, Klaproth is credited with the discovery of zirconium and cerium, and with verification of the elemental character of tellurium, strontium, titanium, chromium and yttrium. Most of Klaproth's work was done in a small laboratory in his own pharmacy.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

California Institutions Housing 5,944 Excess Patients

Sacramento, Oct. 15.—(AP.)—California's institutions for the insane, mentally defective and blind have an excess population above normal capacity of 5,944 persons, an overcrowding of nearly 25 per cent, Director Dora Shaw Heffner, of the Department of Institutions, reported today.—*San Francisco Chronicle*, October 16.

Another "Day" Proposed

As if the calendar were not already heavily enough overloaded with special "days" dedicated to exhortations for people to eat more bread, wear bigger and better straw hats, add vitamin pills to the diet and do their washing with this or that brand of soap, a move is afoot to establish "officially" another special day. And what a day! A Senate joint resolution would authorize and request the President "to issue a proclamation designating the 31st day of October of each year as National Arthritis Day."

We presume the purpose is to focus universal attention intensively on that disease on a designated day in the hope that greater gains could be made in preventing and curing that particular malady. And if the plan could be effective in overcoming that affliction, the logical procedure would be to dedicate a special day for similar concentration on every other disease. The result would be a bumper crop of hypocondriacs.

By all means, research by qualified experts should continue in the effort to curb arthritis, as well as all other maladies that add to human suffering. But such research can be carried on quite as well without nationwide concentration on it once a year as it could if the public were to take such an officially proclaimed day seriously.

It will be recalled that a few years ago the medical profession itself established unofficially a Cancer Week in which all of us were supposed to give thought to the causes and symptoms of cancer and determine whether we were personally endangered. We cannot say whether there were any real cancers prevented by that promotional process, but we do know that thousands of imaginary ones were created by it.

The medicos soon dropped their Cancer Week plan.—*Burlington Advance*, October 8.

Dr. Robert A. Peers, Resigned Mayor of Colfax Is Banqueted

Colfax (Placer Co.), Oct. 8.—Dr. Robert A. Peers, who resigned in July as mayor of Colfax, was the honored guest at a banquet held here last night attended by members of the city council, the Placer County Defense Council and other city and county officials.

The former mayor, who served on the city council for nearly 24 years, was presented with an embossed resolution by his former associates. Judge Lowell L. Sparks, in behalf of the defense council, of which Dr. Peers also was a member, presented him with a gift.—*Sacramento Bee*, October 8.

Alcoholism Is Called U. S. Health Threat

Chicago, Oct. 4.—(AP.)—Two medical writers declared today that "alcoholism in America is a serious national health problem," estimating that there are 600,000 chronic alcoholic addicts, 2,000,000 heavy drinkers and 38,000,000 "social drinkers."

Dr. Robert V. Seliger, psychiatrist at Johns Hopkins Hospital, Baltimore, and Victoria Cranford, psychotherapist at a Cantonville, Md., sanatorium, reported in the *Journal of the American Medical Association*:

We understand the effects of our national expansion, restlessness, heterogeneity, industrialism and historical growth on the incidence of alcoholism to be enormous, owing to mass and individual insecurity and change in

nearly all spheres of life plus quantity and quality of mobile living . . .

Mental illness, juvenile delinquency and criminality are, like alcoholism, partly derived from environmental situations, and also, like alcoholism, they are on the increase. Society must assume its responsibilities on a realistic basis to help provide environments that do not tend to produce retarded or warped personalities.—*Sacramento Bee*, October 4.

Modern Midwife

Nurse midwives deliver about 1,200 babies each year in the United States. Graduate nurses with two years' professional nursing experience, they still are comparatively new among the thousands of licensed midwives in this country. Another 250,000 American babies a year are born with the aid of unlicensed midwives, who know all about old superstitions but little of modern hygiene. Of America's yearly baby crop, 8.1 per cent get their post-natal spank from midwives. The southern states have the greatest number. The nurse midwife cooperates closely with a doctor, and usually delivers a baby only when a doctor is unavailable.—*San Francisco Chronicle*, October 25.

Strike Snags Medical Journal

Chicago, Oct. 11.—(AP.)—For the first time in 62 years the *Weekly Journal of the American Medical Association* was not circulated today because of a Chicago commercial compositors' strike.

The Association said it was notifying its 110,000 subscribers that back issues containing material intended for publication during the strike would be issued when the walkout has ended. The *Journal* serves as an exchange of scientific information among members of the medical profession.—*Los Angeles Herald and Express*, October 11.

State Medicine Deemed Remote In California by Physicians

("Christian Science Monitor").—The California Medical Association assumes that enactment of compulsory health insurance, which it vigorously opposed, has been warded off here for the immediate future, though government insurance for medical care has been pushed harder in California than in any other state.

The Association believes that its own declaration of principles on this controversial question, plus its own voluntary medical insurance plan known as the California Physicians' Service, will provide ample safeguards against possible revival of the issue in this State.

The Association successfully combated two bills which came before the Legislature this year, and won both points by basing its attack on the assertion that regimentation of the public and of the medical doctors was proposed under a system of State medicine.

The statement of principles adopted recently by the Council of the Association listed affirmatively the grounds for the Association's opposition.

A primary consideration in any system of budgeted medical care, the Council asserted, must be that there shall be no deterioration in the quality of medical service.

Another point is that any system of medical care should be voluntary and not compulsory in nature.

The medical doctors had the help of many groups, likewise opposed to compulsory medical insurance, when they opposed the two proposed measures before the State Legislature this year.

"Any sound health insurance program," the Council of the Medical Association sets forth, "should fully protect freedom of choice, both of the patient in choosing a physician and of the physician in choosing his community, type of practice, and professional procedures."

The function of the State, rather than to compel universal health insurance, the Council holds, should be to encourage voluntary health insurance programs such as its California Physicians' Service, and "not regiment the patient and the medical profession or operate compulsory health insurance plans established by political means."

The Council of the Association recommends a coordinated program on the part of all groups concerned with the problem of health or medical insurance. The Association's speakers frequently have paid their respects to the religious organizations and veterans' bodies which opposed the proposed compulsory legislation on quite other grounds from those advanced by the medical profession.

"The sanctity of the patient-physician relationship must be maintained," also says the statement of principles, "and the method of providing medical care must not become enmeshed in bureaucratic red tape and a system of

tickets, coupons, questionnaires, and other political controls and delays."

The California Medical Association is a voluntary Association composed of 7,827 doctors of medicine in California, or about 85 per cent of the licensed and practicing physicians of the State.

In 1939 it established the California Physicians' Service to supply a prepayment method for insuring against excessive costs of medical care for the low-income groups.

The Service now enrolls about 175,000 subscribers, according to Dr. Lowell S. Goin, immediate Past President of the Association, who was head of the organization and active spokesman for it during the legislative contest which continued for several months while the State Legislature was in session this Spring.

According to Dr. Goin, the Physicians' Service at present is enrolling about 10,000 new members each month. He expects that the entire membership of the California Grange, some 80,000 persons, will be enrolled for the voluntary medical insurance plan before long.

There is no need today for any degree of compulsion in the matter of health insurance, if there ever was, the Medical Association holds. Any such need as may have existed, say its spokesmen, is diminishing rather than increasing.

Dr. Goin, addressing the Medical Association with a farewell paper at the close of his term as President, said: "Compulsory health insurance is an integral part of a social philosophy which looks to the submerging of personal freedom in an all-powerful state."—*Christian Science Monitor*, October 1, 1945.

DDT

As an insecticide DDT (Dichloro Diphenyl Trichloroethane) is especially useful in combating bedbugs, mosquitoes, fleas, lice, houseflies, and certain agriculturally important pest insects. Conflicting results have been obtained on its efficacy against certain species of ants (although effective against some), cockroaches, spiders, and ticks. It has no value when used against the chigger or poultry mite.

The action of DDT on insects is slow but sure. It is usually several hours before it causes death in the mosquito or housefly and 48 hours or longer in the bedbug. DDT is an insect repellent but is rather a strongly toxic agent. Its lasting effectiveness is dependent upon the persistent clinging of the chemical to a surface after the solvent has evaporated.

A 5 per cent solution sprayed on screens, walls, ceilings, beds, and mattresses, if not washed off, will effectively destroy flies, bedbugs and mosquitoes for several months.

DDT powder, 10-20 per cent in talc can be applied to the sleeping places of dogs and cats and to the fur of dogs to eliminate fleas. There is some danger in applying DDT to the fur of cats due to their custom of licking themselves. A water miscible powder 20 per cent ($\frac{1}{2}$ lb. per gal.) is effective when sprayed around chicken houses, horse stables, etc.

In California DDT is considered and treated the same as any other new economic poison, and all the provisions of the Economic Poisons Article of the Agricultural Code apply. Labels must bear proper statement of ingredients and adequate directions for use including any necessary cautions.

Pending development of information to the contrary, products containing DDT more than 1 per cent sold in California must carry the skull and cross-bones and the word "Poison" printed in red on white background, or vice-versa, and antidote as follows:

Antidote: Call physician immediately. External—wash with soap and water. Internal—emetic of mustard.

The next issue of the *Bulletin* will consider the toxicity of DDT.—*Weekly Bulletin* of the Department of Health, City of Los Angeles.

DDT Toxicity

Studies on the toxicity and potential dangers of DDT are in progress and the final word is not yet available. It seems evident that it is a relatively non-toxic substance when used with reasonable care.

Toxicity experiments on animals reveal clinical evidence of central nervous system irritation, with tremors, irritability, depression, and convulsions. Histopathologic studies in animals have shown a moderate subacute degeneration of the liver.

Evidence seems to point to the various DDT solvents as being at time more toxic than the DDT itself. The inhalation of heavy concentrations of fine mists of kerosene or cyclohexanone (used as solvents) may cause irritation of the eyes and upper respiratory tract, headache, and loss

of equilibrium. Chlorinated hydrocarbons should not be used as solvents. Solution of DDT in fatty oils increases its toxicity to animals. Irritation of skin may result from heavy exposure due to the fat solvent properties of petroleum distillates.

Even though our knowledge of the toxic effects of DDT is, as yet, not complete, the health department feels that it should call attention at least to the following facts:

1. DDT is tasteless, and in powdered form, especially when mixed with talcum powder, it bears a physical resemblance to flour. It must not, therefore, be stored along with food supplies.

2. In spraying, care should be taken to cover food and household utensils.

3. Many sprays containing DDT have a petroleum base solvent. Do not spray, therefore, near an open flame.

4. Do not spray near fish bowls nor birds.

5. Petroleum oil base products containing DDT (such as kerosene) may injure animals if sprayed on them. Powder containing DDT may be used for control of fleas and lice on dogs and certain other animals. It would appear, however, that such products should not be used on cats because of their tendency to lick themselves.

6. Care should be taken to avoid long-term, heavy exposure to skin or respiratory tract, especially when a kerosene solvent is used. There is some evidence that long-term, heavy exposure to DDT itself may be cumulative.

7. Allergic manifestations such as rash may occur in some individuals, due either to the solvent or DDT itself. —*Weekly Bulletin* of the Department of Health, City of Los Angeles.

Doctor Strike in Argentina

Buenos Aires, Oct. 8.—(AP.)—The wave of unrest against the Argentine military government threatened to spread to the medical profession tonight with members of the Argentine Medical Association announcing a general strike of doctors "already had been declared in principle."

The strike, Association members said, "can be ordered at any moment."

If the general strike is called, Association members reported, doctors will refuse to diagnose, prescribe or operate except when necessary to save a life.

Members of the Association said dentists and druggists were joining the movement. . . .—*San Francisco Examiner*, October 9.

Doctor Stanley Will Assume San Quentin Post

Warden Clinton T. Duffy of San Quentin yesterday announced that Captain Leo L. Stanley, USNR, chief surgeon at the prison before entering the Navy in January, 1942, will return to his former post December 15.

The doctor spent three years in the Pacific, part of the time as head of the Pearl Harbor Naval Hospital. Dr. Alex Miller of the prison's medical staff has been acting chief surgeon during Dr. Stanley's absence.—*San Francisco Chronicle*, October 29.

Fifty San Quentin Convicts Again Guinea Pigs for Plague Tests

A second series of experimental inoculations of San Quentin Prison inmates—who volunteered as "guinea pigs" for tests of a new vaccine for use against bubonic plague—were begun on October 2, it was disclosed by Warden Duffy's office recently.

The first series of tests, last June 4, involved 50 volunteers secured through the prison paper and over the Grey Network, the San Quentin radio. The inoculations were made by Dr. Karl Frederick Meyer, using a vaccine produced by the Hooper Foundation of the University of California.

Dr. Meyer said today that his experiments are still classified as a top military secret, so he could give out no details about them. He indicated, however, that many "interesting new things" are being learned about the control of bubonic plague through them.

The second series of tests also involves 50 San Quentin volunteers. They were chosen from a list which, according to prison sources, "swamped" Neumiller Hospital.

"San Quentin has never failed to supply men for this type of experiment," said Warden Duffy.

The research work on the vaccine has been carried on by Dr. Meyer since January 3, 1942.

Bubonic plague germs are carried by ground squirrels in the Western States and by rats in the Bay Area. Rat control has been of primary importance with the U. S. Health Service and local health departments because of this fact.

The last human case of bubonic plague in California was reported in 1943.—San Francisco News, October 18.

Sister Kenny in L. A. to Aid Film

Los Angeles, Oct. 28.—(INS.)—Sister Elizabeth Kenny, famed for her successful treatment of infantile paralysis, arrived in Los Angeles today for final conferences on the filming of her life story.

The famed Australian nurse was greeted at the airport by actress Rosalind Russell, who plays the title rôle in "The Life of Elizabeth Kenny," and Dudley Nichols, who wrote the script and will produce and direct it. The film goes into production about November 5, at RKO.—San Francisco Examiner, October 29.

Health Insurance Plan Is Osteopaths' Topic

A meeting of the Fresno County Osteopathic Society to discuss means of providing increased medical and hospital care through some compulsory health insurance plan will be held tomorrow at 8 P.M. in the office of Dr. Lynn W. Fawns in the T. W. Patterson Building, with Thomas C. Schumacher, executive secretary of the California Osteopathic Association, as the principal speaker.—Fresno Bee, September 27.

MEDICAL JURISPRUDENCE†

HARTLEY F. PEART, ESQ.

San Francisco

Hospitals: Liability for Injuries Sustained by Patient Falling or Jumping Through a Window

A private hospital under established precedents is required to exercise such reasonable care toward a patient as his known condition may require; and by a recent decision of the California Supreme Court it was held that this duty extends to protecting the patient from self-inflicted injuries, either intentional or unintentional.

In *Wood vs. Samaritan Institution*, 26 A.C.A. 782 (August 31, 1945), the plaintiff brought suit against the Samaritan Institution, a private sanitarium, for injuries sustained when she fell or jumped from a second story window of the sanitarium while entered as a patient to receive treatment for alcoholism.

Before the trial court, the testimony was substantially as follows: For several years plaintiff had been addicted to excessive use of intoxicating liquor and on January 5, 1943, she entered the defendant's sanitarium for treatment. A practical nurse who was on duty in the sanitarium at the time plaintiff entered, testified that plaintiff seemed drowsy and highly nervous and stated that she was afraid she was in an insane asylum. These facts were reported to the nurses in charge and later the practical nurse found plaintiff purportedly scrubbing her floor at home. This was also reported to the nurses in charge. The physician employed by the sanitarium administered certain drugs to plaintiff and on January 6, 1943, ordered sedatives and "physical restraint as required." There were three large windows in plaintiff's room with double screens which could be pushed out in the center. There was no nurse on duty in plaintiff's room and she was not subjected to any restraint. On January 7, 1943, she was found lying on the cement courtyard beneath the window of her second story room suffering from the injuries for which she sought damages from the defendant in this action.

The trial court had granted the defendant's motion for a non-suit at the conclusion of the plaintiff's case which included the testimony outlined above, the court conclud-

ing that there was not sufficient evidence to allow the jury to pass on the defendant's liability. The trial court ruled that, as a matter of law, the defendant was not liable under facts shown. On appeal to the State Supreme Court, this judgment was reversed, the higher court holding that the matter should have been submitted to the jury as plaintiff's case contained sufficient evidence to justify a finding that the defendant sanitarium had violated its duty to plaintiff to exercise reasonable care.

The Supreme Court quoted the following rule from *Corpus Juris Secundum*: "A private hospital owes its patients the duty of protection, and must exercise such reasonable care toward a patient as his known condition may require. The measure of duty of a hospital is to exercise that degree of care, skill and diligence used by hospitals generally in that community, and required by the express or implied contract of the undertaking. A hospital is liable for want of ordinary care, whether from incompetency of a nurse or failure in duty by a fully qualified nurse. . . . The duty of care imposed on a hospital extends to safeguarding the patient from dangers due to mental incapacity. . . . On the other hand, a private hospital is not an insurer of a patient's safety, and the rules as to care required are limited by the rule that no one is required to guard against or take measures to avert that which a reasonable person under the circumstances would not anticipate as likely to happen."

In this case it was a question for the jury to decide whether in failing to place plaintiff in some form of physical restraint after notice of plaintiff's actions, the sanitarium had breached the standard of care required of hospitals in such cases.

The Supreme Court pronounced the rule that where "plaintiff's evidence establishes that the means of harm were at hand (existent in the physical surroundings) and that defendant had notice or knowledge of facts from which it might be reasonably concluded that a patient would be likely to harm himself or others unless preclusive measures were taken, then defendant must use reasonable care in the circumstances to prevent such harm."

Oleomargarine

With the advent of war there has been a considerable decrease in edible fats available for civilian consumption. As a means for increasing the supply of solid edible fat to replace the decreasing amount of butter available for nonmilitary populations, margarine has been increasingly emphasized. Aside from the fact that this food has been fortified to the extent of 9,000 international units of vitamin A per pound to compensate for its lack of this vitamin, much discussion has concerned the nutritional value of fortified margarine as compared with butter fat. Various economic interests have been injected into this discussion, but only recently has objective evidence on the nutritional value of this fat been available. . . .

Deuel and his associates studied the effect of different fats on fertility and lactation, since under these circumstances the dietary requirements constitute a more stringent test of nutritional adequacy than does growth. . . .

The experimentalists in nutrition have shown that margarine may be substituted for butter fat with impunity in regard to growth, reproduction and lactation, provided the diet is nutritionally adequate. Of all the fat soluble vitamins, margarine is deficient in vitamin A, but this deficiency is made up by the fortification of the product with added vitamin A. This is a common procedure and most products on the market today are fortified in this way. The possibility of using margarine as a low cost fat may be of considerable importance in the feeding of the war seared population of Europe; it may also be used with safety in this country when a less costly edible fat is needed.—Editorial in *J.A.M.A.*, July 21, 1945.

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions, and analyses of legal points and procedures of interest to the profession.